



Application for Employment

Kansas Medical Clinic is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resource Department.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Name _____
Last *First* *Middle*

Address _____
Street *Apt. #* *City* *State* *Zip Code*

Telephone _____ Current Driver's License (if applicable) __Yes__ No

Email address _____

Position(s) applied for: _____

Have you applied here before? ___Yes___ No If yes, give date: _____

Are you employed now? ___Yes___ No On what date are you available for work? _____

Are you available to work ___Full-time___ Part-time___ Shift work___ Temporary

What languages do you speak fluently (if applicable)? List: _____

Are you willing to travel to other clinics as needed? ___Yes___ No

Have you been convicted of a felony or misdemeanor other than moving traffic violations?

_____ Yes _____ No

If yes, please complete the following (*a conviction record will not necessarily be a bar to employment*):

Conviction: ----- Location: _____ Date: _____

Result or outcome: _____

KANSAS MEDICAL CLINIC IS AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER

Revised 9/2016



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EDUCATION			
	High School	Trade Schools	College/University
School Name			
Diploma/Degree			
Certificate Received			
Describe Course of Study			

EMPLOYMENT EXPERIENCE

List your past four (4) employers including military and voluntary service assignments. **Start with your present or last job.** Attach an additional sheet if necessary.

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Salary: Starting: _____ Final _____

Reason for Leaving: _____

Work Performed: _____

May we Contact: Yes _____ No _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Salary: Starting: _____ Final _____

Reason for Leaving: _____

Work Performed: _____

May we Contact: Yes _____ No _____



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May we Contact: Yes _____ No _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Salary: Starting: _____ Final _____

Reason for leaving: _____

Work Performed: _____

May we contact: Yes _____ No _____

Please summarize your job-related skills or specialized training:

List job-related special accomplishments, projects, awards. (Exclude information that would reveal race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status.):



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REFERENCES

Give the name and telephone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

<i>Name</i>	<i>Occupation</i>	<i>Company</i>	<i>Phone Number(s)</i>
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<i>Name</i>	<i>Occupation</i>	<i>Company</i>	<i>Phone Number(s)</i>
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<i>Name</i>	<i>Occupation</i>	<i>Company</i>	<i>Phone Number(s)</i>
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List any additional information you would like us to consider.



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ACKNOWLEDGEMENT

I understand that Kansas Medical Clinic is making no employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination if employed.

I authorize Kansas Medical Clinic to contact any Company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if job-related. I give my full consent for all contacted persons including former employers to provide the information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Kansas Medical Clinic. I acknowledge that a facsimile of this form is as valid as the original.

A Company-paid drug test and/or physical examination may be required. I understand that any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered for which no reasonable accommodation can be made.

I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from Kansas Medical Clinic and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am hired, my employment at Kansas Medical Clinic is "at-will" and may be terminated by myself or by Kansas Medical Clinic at any time, with or without cause or notice. I understand that no representative of Kansas Medical Clinic has the authority to make any assurance to the contrary.

Signature

Date



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AUTHORIZATION TO RELEASE INFORMATION

I authorize Kansas Medical Clinic to contact any company, institution, law enforcement agency, state agency, bureau or individual it deems appropriate to investigate my employment history, job performance, background, qualifications, driving record, and other relevant information, If job related. I give my full consent for all contacted persons including former employers to provide the information concerning this application. I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Kansas Medical Clinic. A credit report detailing personal financial history may also be obtained as part of this background check.

Name (Printed)

Signature

Date: _____

Maiden Name and/or other names known by: _____

Birthdate: _____

Social Security Number: _____

Driver's License Number: _____ State driver's license issued: _____

Kansas Medical Clinic currently verifies information with:

- Bureaus of Investigation
- Prior employment
- References

According to the Fair Credit Reporting Act, applicants are entitled to know if insurance or employment is denied because of information obtained by the prospective employer from a consumer-reporting agency.



Authorization to Release Drug/Alcohol Test Results

I, _____, the undersigned, hereby authorize KMC Medassist, Lawrence Promptcare or other facilities to release all results of my drug and/or alcohol testing to Kansas Medical Clinic or a designee thereof.

I am aware that a positive test result or failure to submit a specimen for testing as instructed may subject me to disciplinary action in accordance with Kansas Medical Clinic's Drug and Alcohol Policy.

Printed Name of Employee

Signature of Employee

Date